



PROTON PUMP INHIBITOR PRIOR AUTHORIZATION

ND DEPARTMENT OF HUMAN SERVICES

MEDICAL SERVICES DIVISION

SFN 850 (Rev. 10/2005)

Fax Completed Form to:
866-254-0761 or 334-321-2199
For questions regarding this prior
authorization, call
866-773-0695 or 334-321-0268

North Dakota Medicaid requires that patients receiving proton pump inhibitors must use **Prilosec OTC*** as first line.

*Note:

- **Prilosec OTC may be prescribed WITHOUT prior authorization. Prilosec OTC is covered by Medicaid when prescribed by a physician.**
- **Prior Authorization is NOT required for patients < 13 years of age.**
- **Patients must use Prilosec OTC for a minimum of 14 days for the trial to be considered a failure. Patient preference does not constitute a failure.**
- **Net cost to Medicaid: Prilosec OTC <<< Protonix < Prevacid < Omeprazole << Aciphex < Prilosec RX << Nexium.**

Part I: TO BE COMPLETED BY PHYSICIAN

Recipient Name	Recipient Date of Birth	Recipient Medicaid ID Number	
Physician Name			
			Zip Code
Requested Drug:	Requested Dosage (must be completed)		
	Diagnosis for this request		

Qualifications for coverage:

Part II: TO BE COMPLETED BY PHARMACY - COMPLETE PART II AND FAX TO NUMBER AT TOP OF PAGE

Part III: FOR STATE USE ONLY

Date Received	Initials
Approved - Effective dates of PA From: / / To: / /	Approved By
Denied (Reasons)	